

COMMONWEALTH OF KENTUCKY
CABINET FOR HEALTH AND FAMILY SERVICES
FOR MEDICAID SERVICES

"INTELLECTUAL AND DEVELOPMENT DISABILITIES
TECHNICAL ADVISORY MEETING"

HELD AT:

PUBLIC HEALTH BUILDING
275 EAST MAIN STREET
FRANKFORT, KENTUCKY 40621

DATE:

MAY 7, 2018

A T T E N D E E S:

Rick Christman - KAPP

Johnny Callebs - KAPP

Katie Bentley - CCDD

Nicole Maher - CCDD

Wayne Harvey - KAPP

Alice Blackwell - DDID

Barb Locker - DDID

Elizabeth Kriess - DDID

Lori Gresham - DMS

Alisha Clark - DMS

Earl Gresham - DMS

Sherri Brothers - Arc of Kentucky

LeAnn Magre - WellCare

David Hanna - Passport

Steve Shannon - KARP

Camille Collins - P&A

Stayce Towles - DXC

Pam Smith

Kendra Sayres - Via telephone

Laura Presley - Via telephone

1 MR. CHRISTMAN: Well, there's many of those
2 items in the Navigant study we talked about
3 quite a bit here that really wasn't any big
4 surprises, but if we would, maybe just have
5 a conversation about that. One I noticed
6 was case management and, you know, the need
7 to, I guess, make some reforms on that. Do
8 you know, or how is that going to be
9 addressed? Are we going to organize a
10 group to -- stakeholders, or do you know
11 how that's going to be attacked?

12 MR. GRESHAM: First, we're going to
13 continue the town halls --

14 MR. CHRISTMAN: Right.

15 MR. GRESHAM: -- get all the public
16 comments. Public comments stop for the
17 waiver box on June 15th. And then proceed
18 from there.

19 MS. LORI GRESHAM: So these are Navigant's
20 recommendations. So the first step is for
21 the Cabinet to decide what recommendations
22 to go forward with.

23 MR. CHRISTMAN: Oh, I thought you had
24 already looked at these.

25 MS. LORI GRESHAM: We've looked at them.

1 MR. CHRISTMAN: Yeah, okay.

2 MS. LORI GRESHAM: But based -- we want to
3 have the stakeholder involvement to
4 determine which recommendations to go
5 forward with. So that's the first step.
6 So all through the town halls, through the
7 e-mail box, pulling in what folks want. So
8 the process then to determine that is based
9 on what we hear from stakeholders, what we
10 hear from Cabinet -- individuals who work
11 in the Cabinet for those processes, all
12 those things. So we haven't determined
13 what that will look like, so...

14 MR. CHRISTMAN: Okay. So is it, I guess,
15 somewhat premature to talk about these
16 recommendations then? I mean, because you
17 haven't finish the town halls meetings?

18 MS. LORI GRESHAM: You can give us your
19 comment.

20 MR. CHRISTMAN: Okay.

21 MS. LORI GRESHAM: You'll need to also
22 follow that up within the Cabinet's
23 prescribed ways of doing official public
24 comment, which is either the e-mail box,
25 town halls, through public testimony, or

1 you can send it in writing to our office.

2 MR. CHRISTMAN: Do you want to talk about
3 the case management issue further, Sherri?

4 MS. BROTHERS: Sure, I do. Some of the
5 things that we have concerns on as far as
6 case management -- I know we brought up
7 some of them last time -- were, you know,
8 testing, proper testing, proper training,
9 the critical thinking skills, the problem
10 solving skills, being trained properly on
11 waiver services, as far as like goods and
12 services, transportation, options as far as
13 like knowing about Uber options, things
14 like that for individuals to be able to get
15 around on weekends and nights; residential
16 options, not just having one option or two
17 options for them as far as like educated on
18 shared living, living service, technology
19 houses, all of those different options,
20 community, more community access for
21 individuals.

22 And something else I think that's
23 really important, because I get, like,
24 complaints on this, is professionalism for
25 case workers. I'm not sure how that's going

1 to be able to be trained. But, you know,
 2 when a caseworker who's under a specific
 3 agency makes comments that's more of a --
 4 against certain classes of people, but they
 5 work with those classes of people and that's
 6 their job, I think that's really
 7 unprofessional. And I can kind of give
 8 you -- I'll just give you a certain example
 9 of that.

10 "For all the taxes that they take out
 11 of my paycheck, the least they can do is
 12 take a picture of a ghetto family that I'm
 13 supporting to hang on my refrigerator." I
 14 mean, that's -- to me that's really
 15 unprofessional of a case manager who works
 16 with these particular families. And, you
 17 know, that upsets me as an organization. So
 18 I don't know how we can go about training
 19 these professionals to have a more
 20 professional attitude, because they're
 21 representing our families, that's who our
 22 families are going to for support.

23 MR. CHRISTMAN: Yeah, I'm glad to see this
 24 as a recommendation in the Navigant because
 25 it is spotty. I think the quality of case

1 management is very spotty. And they don't
2 all seem to have a very good handle on the
3 regulations, but what I'm going to kind of
4 read into this thing, too, it's going to be
5 less of a regulation-based guideline. What
6 I take from this Navigant thing is they're
7 going to replace maybe a lot of these
8 regulations with handbooks, with maybe more
9 user friendly. Am I reading that
10 correctly?

11 MS. LORI GRESHAM: So one of the
12 recommendations --

13 MR. CHRISTMAN: Yeah, right, that I read
14 into this --

15 MS. LORI GRESHAM: -- for the waiver
16 itself --

17 MR. CHRISTMAN: Right.

18 MS. LORI GRESHAM: -- to be the point --

19 MR. GRESHAM: Authority.

20 MS. LORI GRESHAM: -- authority, the
21 regulations to be more overarching theme,
22 and then to have handbooks and manuals
23 incorporated by reference as need be.

24 Again, these are their recommendations.

25 MR. CHRISTMAN: Right. But that's what I

1 take from it, you know. Right.

2 MS. LORI GRESHAM: And that is what that
3 recommendation specifically is.

4 MR. CHRISTMAN: Yeah.

5 Another thing was the pediatric
6 assessment. I know we talked about that
7 quite a bit. They recommended that,
8 assuming it stays in. Our problem is that
9 we can't find one. Is that right? I mean,
10 is that -- do they have one or --

11 MS. LORI GRESHAM: So the preliminary
12 discussions about that is, is looking at
13 multiple tools and having pieces within
14 whatever tool is decided on to address
15 specific populations, for instance,
16 children with IDD, brain injury. So having
17 the tool and then having subsets of that
18 for various populations, to be able to
19 speak specifically to that population.

20 MR. CHRISTMAN: But do those tools exist?
21 I guess that's what I'm asking.

22 MS. LORI GRESHAM: There are lots of
23 assessment tools.

24 MR. CHRISTMAN: So they are out there?

25 MS. LORI GRESHAM: Right.

1 MR. CHRISTMAN: Because I thought that was
2 one of the problems we had all along, was
3 we couldn't find one.

4 MS. LORI GRESHAM: So there's lots of
5 assessment tools.

6 MR. CHRISTMAN: Yeah.

7 MS. COLLINS: Is Navigant actually
8 recommending tools? Because that's what
9 I'm trying to get recommendations --

10 MS. LORI GRESHAM: Once the Cabinet decides
11 what recommendations to accept, then we'll
12 work towards a fuller recommendation
13 package where we will be working with
14 stakeholders closer to determine the nuts
15 and bolts of that.

16 MR. CALLEBS: In the meantime, the current
17 assessment tool will be used with just more
18 people on the wait list; right?

19 MS. LORI GRESHAM: The assessment tool
20 doesn't put people on the wait list. The
21 applications do. Assessment happens after
22 wait list.

23 MR. CALLEBS: After, okay. But there's
24 still no -- do you just get on the wait
25 list simply by request and then you'll be

1 assessed after; is that --

2 MS. LORI GRESHAM: Currently, yes.

3 MR. CHRISTMAN: We're talking about the --

4 yeah, and the pediatric portion of it.

5 Right, right.

6 MR. CALLEBS: Yes. Michelle P., in

7 particular, where you just have --

8 MR. CHRISTMAN: Correct.

9 MR. CALLEBS: -- anyone can apply and then

10 you get on the wait list, and then an

11 assessment happens after the fact.

12 MR. GRESHAM: With the exception that they

13 have to have an ID or DD checked on the

14 application.

15 MR. CALLEBS: Right, okay.

16 MR. CHRISTMAN: But it sounds like you have

17 some confidence that if, let's say, this

18 stays in that you have -- will be able to

19 implement that recommendation.

20 MS. LORI GRESHAM: Oh.

21 MR. CHRISTMAN: You have some confidence in

22 that.

23 I had a question on the needs-based

24 budgeting. Did everyone understand what

25 they were asking about there or what their

1 recommendation was, how that was to work?
2 Do you know what they meant by that
3 particularly?

4 MS. LORI GRESHAM: So we will be working
5 with CMS to do -- methodology currently, as
6 most of you know, budgets are done based on
7 historic usage. We will be then looking at
8 doing -- again, if we accept the
9 recommendation, we will look at tying
10 budget methodology to their assessed need,
11 as opposed to -- it's not one size -- it
12 will be one size fits all, not historic.

13 MR. CHRISTMAN: So each individual will
14 have a budget that will be unique to them?

15 MS. LORI GRESHAM: Uh-huh (affirmative).

16 MR. CHRISTMAN: So we're getting away from
17 rates, then, or what --

18 MS. LORI GRESHAM: Rates are not the same
19 as budgets, no.

20 MR. CHRISTMAN: Okay. So...

21 MR. CALLEBS: This will be particular to
22 PDS, people who elect a PDS --

23 MS. LORI GRESHAM: Not by their
24 recommendations. It will be individualized
25 budgets, again, if we choose to accept

1 MR. GRESHAM: -- figuring out the person,
2 how to spend that money.

3 MR. CALLEBS: And so that would be for --
4 or the idea, should you choose to accept
5 recommendations, that every person in each
6 waiver would have a budgeted amount,
7 support amount for a plan year to use. It
8 wouldn't be just the set rates, per unit
9 rates. It would be a budgeted amount.

10 MS. LORI GRESHAM: So rates are not tied to
11 budget. That's two separate things. Rates
12 are based on a certain methodology; budgets
13 will be set on a methodology.

14 MR. CALLEBS: So rates will be set
15 separately, and then each person's plan of
16 care would have a individualized budget for
17 that person?

18 MS. LORI GRESHAM: Uh-huh (affirmative).

19 MR. CALLEBS: And every person, every
20 waiver?

21 MS. LORI GRESHAM: Yeah.

22 MS. COLLINS: Lori, is there a current
23 state that Navigant works with that are
24 using that current model so that maybe
25 people can better understand?

1 MS. LORI GRESHAM: I'm not sure. I'll ask.
2 MS. BROTHERS: So this plan of care, this
3 budgeted amount, does it take into
4 consideration all of the needs and services
5 that they already have in place?
6 MS. LORI GRESHAM: It would be based on
7 their assessed need, whatever that is.
8 MS. BROTHERS: And that's what their
9 budgeted amount will be?
10 MS. LORI GRESHAM: Uh-huh (affirmative).
11 MS. BROTHERS: What if they had greater
12 needs that come up? Does that budget
13 increase?
14 MS. LORI GRESHAM: They would have to do a
15 new assessment to get a new budget.
16 MR. CHRISTMAN: Did anybody else have
17 questions on the Navigant study you would
18 like to pose now? Yes, go ahead.
19 MS. COLLINS: I don't have a Navigant study
20 in front of me, so I'll try to -- I had a
21 question on -- there was a recommendation
22 made about the quality team that would be
23 put together with members of DMS, DAIL and
24 DBHDID. So to me it looked like it was
25 quality, like with QA currently through

1 DDID. So is that recommending that you
 2 eliminate QAs with DDID and base them -- I
 3 just didn't understand that recommendation.
 4 MS. LORI GRESHAM: So I think they're --
 5 and this is, again, going from memory. I
 6 think there are two different
 7 recommendations about quality. There is
 8 internal quality, external quality. So the
 9 internal quality -- actually, all quality
 10 per CMS's requirements falls to DMS. It's
 11 our responsibility to monitor that. So
 12 looking at the oversight of quality, it
 13 will be housed -- if we accept the
 14 recommendation, will be housed within DMS.
 15 That does not mean that the nuts and bolts
 16 of that will not be shared by the sister
 17 agencies, but ultimately we are responsible
 18 for answering to that. Does that make
 19 sense?
 20 MS. COLLINS: Yeah. I'm still -- I mean,
 21 just the way it's written, it's not -- to
 22 me it wasn't very clear. I don't know if
 23 anybody else read that recommendation.
 24 MR. CHRISTMAN: Well, I kind of read it
 25 that maybe going forward, or at some point

1 maybe all certifications would be done by
2 the Department of Medicaid Services rather
3 than DDID.

4 MS. COLLINS: And that kind of wasn't clear
5 to me.

6 MR. CHRISTMAN: Yeah, that's what I kind of
7 read into it. I don't know.

8 MS. COLLINS: Yeah, that's what I was
9 trying to...

10 MR. CHRISTMAN: Right.

11 MS. LORI GRESHAM: And I think that's
12 really more to be determined, once we
13 decide whether we accept that
14 recommendation.

15 MS. COLLINS: Right. I think understanding
16 what the recommendation is, because if
17 you're not sure, you know, if you're going
18 to follow that recommendation.

19 Understanding what exactly they're
20 recommending, I still don't think is clear.

21 MR. CHRISTMAN: Well, I'd like to comment
22 on that because, you know, I understand,
23 for sake of efficiency, why DMS probably
24 should be doing everything. On the other
25 hand, I know that Medicaid is sort of a

1 medical-based model and a lot of the people
 2 in Medicaid, obviously, want to see
 3 improvement. You know, they want to see,
 4 oh, you're getting better, you're in the
 5 hospital, you're getting out in this many
 6 days, or you're showing whatever. You
 7 know, you're improving; right? That's what
 8 medical services are about.

9 Well, in our case it doesn't, you
 10 know. The condition doesn't change and the
 11 people, I think, that have an understanding
 12 of that are DDID, right. And so I guess I'm
 13 of two minds of this. I understand why DMS
 14 makes a lot of sense. I'm also concerned
 15 that without DDID's input, that we're going
 16 to get up -- go closer to the medical model
 17 and we're going to have a lot of problems
 18 with our plans of care and that sort of
 19 thing. Does that make sense?

20 MS. COLLINS: Uh-huh (affirmative).

21 MR. CHRISTMAN: Yeah. So I don't know.
 22 I'm of two minds on that -- or of a
 23 recommendation like that.

24 Anybody else want to talk? Yeah, go
 25 ahead, Steve.

1 MR. SHANNON: There's a reference to the
2 TAC and the MAC, which is fine. Where does
3 the HCB waiver fall in the role of TACs?

4 MS. LORI GRESHAM: Home health.

5 MS. MAHER: I had a -- just a
6 clarification. So with the budgeting,
7 nothing is changing except for the way that
8 the budget is going to be allocated.
9 Everything else is still the same. Like my
10 daughter has -- we get a budget every year.
11 I determine the rate. And that would be
12 the same, you're just not going to go on my
13 history. You're going to assess her needs
14 and that would determine the budget.

15 MS. LORI GRESHAM: Her PDS?

16 MS. MAHER: Yes.

17 MS. LORI GRESHAM: Yes.

18 MR. SHANNON: And the Division is going the
19 same way, isn't it?

20 MS. LORI GRESHAM: You won't be determining
21 rates in traditional.

22 MR. SHANNON: Right. Yes, the budget.

23 MS. LORI GRESHAM: Yes, the budget itself
24 with that recommendation, that is what
25 we're looking at. Rates are also being

1 addressed, as you-all can see in one of the
 2 other recommendations. But budgeting, in
 3 and of itself -- it's a very different way
 4 for Kentucky to look at budgets, because
 5 historically for, let's say, HCB, you look
 6 at the past usage within HCB and that's
 7 what everybody gets. And then they have to
 8 file an exception if they need more, all
 9 those things. This assesses the
 10 individual, says here's what your assessed
 11 need is, and then budget is done that way.

12 And to Sherri's point, if there is a
 13 need increase, then we would need to assess
 14 that need to allow for a budget change, so
 15 that it is truly based on that individual
 16 and not just an arbitrary number. Some
 17 folks will get more. Of course, we still
 18 have to remain cost neutral for CMS, but
 19 some folks will get more, because it's not
 20 historical anymore. Some folks may get less
 21 because they were, again, given an arbitrary
 22 budget.

23 MS. MAHER: Right.

24 MR. CHRISTMAN: And I may not know -- I
 25 mean, I'll just ask this question because I

1 don't know the answer. But with -- and I
2 should know, but I don't. But with the
3 consumer-directed option, are there
4 limitations, even with that, as to how many
5 units of service you can access the way it
6 is now?

7 MS. LORI GRESHAM: It depends on the
8 waiver.

9 MR. CHRISTMAN: Right. But let's say
10 Michelle P., is there some limitation like
11 -- they talk about the 40-hour rule, right.

12 MS. LORI GRESHAM: Uh-huh (affirmative).

13 MR. CHRISTMAN: So we're probably talking
14 about suspending that then, right, when
15 we're talking -- I mean, likely?

16 MS. LORI GRESHAM: Possibly, yeah.

17 MR. CHRISTMAN: I mean, that's what I would
18 think if it's all individualized. There
19 wouldn't be those kinds of limitations.

20 Any other questions?

21 MR. CALLEBS: May I just make one general
22 comment just about some feedback I've been
23 getting from the three town halls that have
24 already been held, is just a comment on the
25 fact that questions aren't allowed to be

1 asked, so there is really -- I've had
 2 some -- several people comment that the
 3 recommendations were kind of announced or
 4 read to the audience, but there's no kind
 5 of back and forth or Q and A. You can give
 6 a comment at the end, but there's no real
 7 opportunity for -- you know, a comment, you
 8 know, based on something that's presented,
 9 a question comes to mind I'd like to ask,
 10 but it's not allowed. And so just to
 11 comment on that.

12 MS. LORI GRESHAM: So we hand out comment
 13 cards at the beginning. And the reason we
 14 do that is because the intent at the end of
 15 all the town halls is we will do an FAQ, so
 16 that everybody gets the same answer to
 17 every question. That way people who are in
 18 Owensboro don't hear one set of questions
 19 and people in Western -- Eastern Kentucky
 20 hear another set. So at the end -- and we
 21 tell them that in the presentation, please
 22 put your questions on this card, we will
 23 address them in an FAQ at the end of the
 24 town halls. That's so everybody gets the
 25 same information. At our focus groups we

1 heard a lot, well, people in the Western
 2 part of the state hear different things
 3 than people in the Eastern part of the
 4 state, and so we are trying to make sure
 5 everybody gets the same information. So
 6 there is a way to submit questions and, no,
 7 we don't answer them right then because we
 8 want to answer them for everyone. Does
 9 that make sense?

10 MR. CALLEBS: Okay.

11 MS. MAHER: My only concern with that as a
 12 parent is that as being a professional in
 13 the industry I see all of that. It comes
 14 through my professional e-mail. I'm signed
 15 up for so many things. But as a parent, I
 16 never received a Navigant study. So going
 17 into the town hall in the mindset of a
 18 parent, I wouldn't see an opportunity to
 19 stand up or leave comment because I didn't
 20 know what was going to be presented. So I
 21 think, like almost everybody that stood up,
 22 because I was at the three, they were all
 23 almost agency or professionals. We had one
 24 parent, right?

25 MS. LORI GRESHAM: Two.

1 MS. MAHER: Okay. And that kind of, as a
2 parent and as an advocate, bothered me
3 because I don't feel like we're giving
4 parents a chance to really make their
5 influence or their thoughts known.

6 MS. LORI GRESHAM: So how we -- typically
7 in the past, we didn't -- I mean, it was
8 within your entities and that's all. So we
9 send it to all our advocates. Anybody that
10 responds, anybody that was a focus group,
11 anybody that I have an e-mail address for
12 gets it through the e-box that I have. And
13 if I don't have your e-mail address, I
14 can't send it out.

15 MS. MAHER: I made a comment to the e-mail
16 address from my personal and I never
17 received a Navigant study.

18 MS. LORI GRESHAM: I can look and see,
19 because I get a lot of kickbacks that say
20 so-and-so's e-mail wouldn't -- Yahoo for
21 some reason -- and I don't know if that's
22 what you have. But Yahoo hates our e-mails
23 and so it kicks it back and say, no, we
24 don't like this.

25 MS. MAHER: But it's all entered into the

1 database. If you make comment via the
2 e-mail, you would have the parents' e-mail
3 address then.

4 MS. LORI GRESHAM: Yeah. So that's even
5 above what we typically do. We send it to
6 all of our advocacy groups, we send it to
7 the case managers through MWMA, because
8 they are all on there, and say please give
9 this to your individuals. And so if you
10 have a better way for us to do that,
11 please, we are very open to doing that.
12 That's just currently the mechanism we
13 have.

14 MS. BROTHERS: Can I make a comment on
15 that? I got a call last week about all of
16 this, and a family called me and they said
17 that their case manager had never told them
18 about any of this. So they asked me about
19 the town hall meeting and they wanted to
20 go. They didn't know anything about any of
21 this stuff. And so I sent them this report
22 and I told them when the town hall was
23 going to be, and it was the very next day.
24 And they were, like, why didn't my case
25 manager tell me? And that's concerning for

1 me. So that, again, is another incidence
2 that I'm kind of upset about case managers.
3 And so I sent them all the information,
4 told them when it was going to be, and I
5 hope, you know, the family made it.

6 And so I'm putting everything out
7 there, you know, on Facebook. I'm putting
8 it everywhere I can. I'm sending it to
9 everybody, but there's still families who
10 are not getting this information, I mean,
11 all over the state. So I wish I knew how we
12 could get it to them better, but I really --
13 you know, the case managers, I feel like, is
14 the best way, but I don't feel like they're
15 handing it out to their clientele. I just
16 don't feel like they're getting it to the
17 families.

18 MS. MAHER: I have a wonderful, very
19 professional case manager, and she never
20 brought it up to me.

21 MS. BROTHERS: See, that's what I'm afraid
22 of. I just don't feel like they're getting
23 it to the families. So I feel like your
24 families are missing it. I mean, I --

25 MS. MAHER: I do, too.

1 MS. BROTHERS: -- communicate to the people
2 that, you know, I feel like I can get to.

3 MS. LORI GRESHAM: That you touch.

4 MS. BROTHERS: Yeah. But I still feel like
5 we're missing a lot of families.

6 MS. LORI GRESHAM: And if you-all have
7 ideas how to do that, we are open to that.
8 We want as many individuals to hear the
9 information as possible.

10 MS. COLLINS: When you load it up to MWMA,
11 is there a direction to them to dissipate
12 that to family members?

13 MS. LORI GRESHAM: Uh-huh (affirmative).

14 MR. CHRISTMAN: Just one more question I
15 have. So after the town hall meetings,
16 then you will obviously take all that in
17 consideration, you will finalize how you
18 think waiver design should be based on
19 everything that's been gathered.

20 MS. LORI GRESHAM: Right.

21 MR. CHRISTMAN: Is there another comment
22 period after that?

23 MS. LORI GRESHAM: Yeah. So after all of
24 the public comment, even Navigant will go
25 and look at their recommendation. So if we

1 get an influx that says -- which I don't
2 anticipate -- that, no, don't touch case
3 management -- obviously, in this group that
4 is not the feeling.

5 MR. CHRISTMAN: Probably not.

6 MS. LORI GRESHAM: But let's say we get a
7 huge influx of, no, don't touch case
8 management, then they would go back and
9 look at the recommendation based on that
10 and have the -- the next package will be a
11 more robust recommendation. So there will
12 be public comment with that. In
13 addition --

14 MR. CHRISTMAN: So this -- when you say the
15 robust, that will be coming after the town
16 hall meetings; right?

17 MS. LORI GRESHAM: Yes.

18 MR. CHRISTMAN: Do you have a date when you
19 think that might be?

20 MS. LORI GRESHAM: Summer is all we know.

21 MR. CHRISTMAN: Summer.

22 MS. LORI GRESHAM: Yeah. So then we also
23 have to write waivers. So any time we have
24 waivers, we do public comment. And our
25 hope is to be able to do very similar

1 outreach, very similar town halls. And,
2 again, if there are ways for us to improve
3 that process, by all means please give us
4 that information, because we -- I mean,
5 that's even part of the process. So
6 absolutely there will be --

7 MR. CHRISTMAN: Right.

8 MS. LORI GRESHAM: -- more.

9 MR. CHRISTMAN: And then the federal
10 government will have to approve all this,
11 too; right?

12 MS. LORI GRESHAM: Correct.

13 MR. CHRISTMAN: So what is the story on
14 that? I mean, how long does this take
15 now --

16 MS. LORI GRESHAM: So as we are drafting
17 the waiver --

18 MR. CHRISTMAN: Yeah.

19 MS. LORI GRESHAM: -- we will be speaking
20 with CMS to say, hey, here's what
21 Kentucky's thoughts are. We did that,
22 we've done that in the past, for instance,
23 with final rule. And having those upfront
24 conversations to say here's what we're
25 thinking, here's the stakeholder input we

1 got preliminarily will help those processes
2 go a little faster, because then they'll
3 know what's coming. We still can't submit
4 the waiver. Like, we can't submit Appendix
5 A and B. You have to submit the whole
6 thing, but they'll know what it says before
7 they get it, so...

8 MR. CHRISTMAN: Uh-huh (affirmative).

9 Would you hope by this time next year that
10 everything will be ensconced and that the
11 waiver will be --

12 MS. LORI GRESHAM: Honestly, I have no --

13 MR. CHRISTMAN: What would your hope be?

14 MS. LORI GRESHAM: My hope would be yes.

15 MR. CHRISTMAN: Would be yes, yes.

16 MS. LORI GRESHAM: But, for instance, with
17 final rule, we sent them heightened
18 scrutiny providers almost a year and a half
19 ago now, and have been silent. And I ask
20 them probably every two weeks, have you
21 heard anything? It's coming soon, it's
22 coming soon. And so honestly I can't even
23 begin to guess how long they will take.
24 But that's our hope, yeah.

25 MR. CHRISTMAN: Sure.

1 MS. BENTLEY: I have a question. So when
2 you were talking about that there will be a
3 more, a full report that will be put
4 together, and then will -- will there be
5 more town halls or will it just be like
6 a --

7 MS. LORI GRESHAM: Our hope is to have more
8 town halls.

9 MS. BENTLEY: Hope is to have more, okay.
10 Thank you.

11 MR. CALLEBS: And may I ask one more? Just
12 by robust recommendations, you mean
13 something with more specificity and
14 detail --

15 MS. LORI GRESHAM: Yeah.

16 MR. CALLEBS: -- about each of these -- of
17 these ten, those that you choose to adopt
18 and move forward with, then the next, those
19 recommendations will come out with more --

20 MS. LORI GRESHAM: Uh-huh (affirmative).

21 MR. CALLEBS: -- substantive things that --
22 changes expected to be made?

23 MS. LORI GRESHAM: Yes. And in speaking
24 with -- so one of the recommendations is a
25 two-faced approach; right? It's the "let's

1 get our house in order first," so that
 2 we -- because, quite honestly, we don't
 3 have a lot of good data. Even down to our
 4 assessments, they're not quick access data.
 5 For instance, if I want to know how many
 6 people on our waivers need assistance with
 7 ambulation, that is a manual data pool. I
 8 would have to go to each assessment and do
 9 tally marks. Not a good way to get a study
 10 -- to get data. So optimizing what we have
 11 so that we have good data, so we can do a
 12 rate methodology study, do all those things
 13 so that we have good waivers, what we have
 14 now in place. Part of that is, okay, we
 15 heard the comments from the folks that have
 16 commented. Then getting together and say,
 17 okay, what do we think that looks like.
 18 And by allowing -- and I fully take in that
 19 we're not getting families as adequately as
 20 we would like, but even within that -- this
 21 way of doing public comment is much more
 22 inclusive than it has ever been for
 23 waivers, by far. And so looking at that
 24 and saying, one, how else can we continue
 25 to improve it. We will always try to

1 continue to improve stakeholder engagement.
 2 But, okay, we've gotten -- we've gotten
 3 that information, let's go back and draft,
 4 let's send that out, because, quite
 5 honestly, and we've heard we want to be at
 6 the table. That's our way of getting
 7 everyone at the table, because quite
 8 honestly we can't bring 50 people in a room
 9 and all of us sit down and draft a waiver.
 10 Nothing would ever get finished. So this
 11 is our way to bring everyone to that table.

12 Everything that we put out is a draft.
 13 And I know in the past that has not been
 14 seen, but one of the things that we heard
 15 from folks when they looked at these
 16 recommendations, they saw what they said in
 17 the focus groups right there. Yes, you-all
 18 heard it. We heard time and time again
 19 about case managers. Some are phenomenal
 20 case managers, some are not. Support
 21 brokers across the state are different. All
 22 those things we drew from, and Navigant drew
 23 specifically from those focus groups, and
 24 from interviewing our staff.

25 And, quite honestly, a lot of the

1 things that our staff -- when I say "our
2 staff," I mean all of Cabinet staff, even
3 within the Cabinet, the stakeholder
4 relationship between DMS, DBHDID, DAIL, even
5 the Ombudsman's Office is much more robust
6 than it has ever been. And so pulling all
7 of that in and then coming back and saying,
8 okay, here's the start of it, tell us what
9 you think, so that we can continue those is
10 much different than we've ever done, and
11 hopefully you-all can see that in the
12 touches within this.

13 Of course, we can't make everyone
14 happy with every recommendation or with
15 every change that we make, but we really, by
16 and large, feel like we're really taking the
17 time to listen to folks. And, again, if you
18 can think of how we can reach families
19 better, please, please, please don't
20 hesitate to send that right to me because
21 we'll work on it diligently.

22 MR. CHRISTMAN: The next item on our --
23 unless there's any other comments on that,
24 the next item on our agenda is the -- it's
25 the electronic verification. And Johnny

1 had some questions on that, and you want an
2 update, I guess, on what that --

3 MR. CALLEBS: Sure. I'm just hearing a lot
4 of national conversations about it and how
5 it works --

6 MS. LORI GRESHAM: Yes.

7 MR. CHRISTMAN: I am too.

8 MR. CALLEBS: -- and is becoming. The
9 clock is ticking and I know various states
10 are trying to get more guidance from CMS.

11 MS. LORI GRESHAM: Yes. So the Secretary
12 when all of this started said -- at the
13 beginning of this year she was going to
14 give more conversation to us about what EVV
15 means, and it's been silent. You may have
16 seen the national directors sent her a nice
17 letter and said, where's our information.
18 Currently we're working with OATS, whose
19 our IT folks. We have looked at what is
20 available and our next hope -- they're
21 putting together a recommendation with what
22 our current IT system, the infrastructure,
23 can take in. For instance, how it would
24 work with MMIS and for us within MWMA, but
25 also having in mind that down the road our

1 home health entities have to pull into that
2 system as well. So they're trying to look
3 at big picture and say how do we do this.

4 Our next step is they will give us
5 some thoughts and recommendations, then we
6 will reach out and say, okay -- one of the
7 things is an open model versus a closed
8 model versus a mixed model. So knowing what
9 providers we have -- do any of our providers
10 have EVV? If so, how do we incorporate that
11 and make sure that we have the information
12 that CMS requires, those kind of things.

13 The other piece that I have been very
14 open with OATS to talk about is that we need
15 to make sure that our PDS families --
16 because really that's the folks that it's
17 going to hit the hardest -- not hit the
18 hardest, but that will be the most
19 intimately involved with that, is getting
20 some education about what EVV even means.
21 We've heard from some of our friends, that's
22 all I say, that somebody is telling folks
23 that we're going to put a chip in folks'
24 arms. And I can tell you Kentucky will not
25 be putting anybody -- chips in anyone's arms

1 for this initiative. We have not made
2 decisions, but I can tell you with all
3 certainty that Kentucky will not do that for
4 this initiative. But then kind of knowing
5 what is out there.

6 Really, we're waiting on CMS to make
7 any decisions because they gave us kind of
8 vague instructions about here's six things
9 that have to be included, but further
10 instruction will come. And so to make any
11 full, hard decisions is really premature at
12 this time because CMS has not given concrete
13 instructions.

14 MR. CHRISTMAN: Yeah.

15 MS. LORI GRESHAM: So we're really just
16 kind of waiting to hear from them. I do
17 know that our OATS team talked with
18 somebody at CMS, because MWMA is working on
19 some stuff with CMS. But in discussing
20 that we have asked for a good faith
21 extension that you may have heard in the --

22 MR. CHRISTMAN: Oh, there is? Yeah.

23 MS. LORI GRESHAM: -- the discussion, and
24 they informally gave us a good faith
25 extension to say, yeah, we'll wait. And I

1 think they are doing that with all
2 states --

3 MR. CHRISTMAN: Sure.

4 MS. LORI GRESHAM: -- because they realize
5 nobody has any more information other than,
6 hey, you are going to have to have some
7 electronic system that tells you A, B, C
8 and D, and that's really all we have.

9 MR. CHRISTMAN: Would it be safe to say
10 we're not talking about services like
11 residential or ADT?

12 MS. LORI GRESHAM: No. Residential and ADT
13 are -- the only services that are required
14 for EVV are in-home personal care services.
15 That's it. That's the only services that
16 are required by EVV mandate.

17 MR. CHRISTMAN: So not community access,
18 not -- okay.

19 MS. LORI GRESHAM: Unless part of those
20 touch personal care. Now, if they touch
21 personal care, then we'll have to include
22 them. But if it's -- in-home personal care
23 services are currently -- again, CMS may
24 change it, but that's currently what
25 touches it.

1 MR. CHRISTMAN: Are those -- I mean, those
2 are not in they SCL waiver, are they, or
3 are they --

4 MS. LORI GRESHAM: They are.

5 MR. CHRISTMAN: Oh, they are. Right, okay.

6 MR. CALLEBS: I'm kind of hearing, you
7 know, some conflicting stories that our
8 national folks, Anchor, have been kind of
9 taking on the issue, and they have met with
10 CMS officials who have said that they
11 intend to interpret it more broadly and
12 that, yes, it will be inclusive of HCBS
13 services, and if personal care is in the
14 service definition, many services, possibly
15 even including residential --

16 MS. LORI GRESHAM: Right.

17 MR. CALLEBS: -- that that could be
18 required as well.

19 MS. LORI GRESHAM: And if you read the
20 CARES Act, it specifically says personal
21 in-home services.

22 MR. CALLEBS: Yes.

23 MS. LORI GRESHAM: And that's why Kentucky
24 is not making any hard decisions because
25 you do hear murmurings in the back that,

1 oh, no, CMS is going to expand this and all
2 that. And because we haven't gotten that
3 final guidance, it would be foolish of us
4 to move forward with plans that -- we may
5 have to broaden, we may have to -- but we
6 have not received word that it will extend
7 to that.

8 MR. CHRISTMAN: Is this extension
9 indefinite that you received from the
10 federal government? Is it for an
11 extended --

12 MS. LORI GRESHAM: All they say is we'll
13 extend it. I mean, that's --

14 MR. CHRISTMAN: So they haven't put an end
15 date on it?

16 MS. LORI GRESHAM: No. We'll get that
17 information soon. That's what we hear,
18 we'll get that information soon. So, no,
19 there's not -- there's really not a lot of
20 good communication from CMS about it.

21 MR. CALLEBS: So hopefully it's interpreted
22 narrowly and only applies to --

23 MR. CHRISTMAN: In-home --

24 MR. CALLEBS: -- a person getting service
25 in their own home.

1 MS. LORI GRESHAM: Right. That's currently
2 how Kentucky -- I mean, that's what it
3 says, but we have -- I mean, the national
4 board of directors have said we heard this,
5 but we don't have any guidance, can you
6 please -- and so that's really all we have
7 heard.

8 MR. CALLEBS: Thank you.

9 MS. LORI GRESHAM: You're welcome.

10 MR. CHRISTMAN: Johnny, you also had some
11 questions about the SCL rate
12 implementation, how that was going to
13 occur.

14 MR. CALLEBS: Sure. With the session
15 ending and the next biannual budget passed,
16 there was a 10 percent rate increase for
17 all SCL services. And so I just wanted to
18 ask, you know, how -- are we on schedule
19 for implementation July 1, at the start of
20 the budget year? Are there any other steps
21 that have to be taken in order to implement
22 the 10 percent increase on July 1?

23 MR. GRESHAM: We're having to discuss that
24 with Commissioner's Office. If we do it
25 the way that we're really kind of supposed

1 to do it, we have to submit that to CMS as
2 a waiver amendment, which is a process that
3 takes six months, which there is no way to
4 be in place by July 1. If we do it drop
5 E-Reg and be out of compliance with the
6 waiver, that may be an option. I don't
7 know if that's something anybody wants to
8 do. I don't know what the -- I don't know
9 what our action is yet.

10 MS. LORI GRESHAM: With the Commissioner's
11 Office --

12 MR. GRESHAM: We're finding out -- yeah,
13 we're talking about it with the
14 Commissioner's Office and we'll be able to
15 find that out in the next week or so.

16 MR. CALLEBS: So one option would be a
17 waiver amendment to CMS?

18 MR. GRESHAM: And see if they even allow
19 it, yes.

20 MR. CALLEBS: Is there any reason to --

21 MR. GRESHAM: We don't have a rate
22 methodology for the increase, other than
23 the regulation is telling us to increase
24 it. So I don't know -- I've never
25 experienced that before, so I don't know

how they'll react.

MR. CALLEBS: Okay.

MR. CHRISTMAN: Have we prepared the waiver amendment request or are we still waiting on that or --

MS. LORI GRESHAM: We have to -- the Commissioner's Office has to decide which route they want to go before we...

MR. CHRISTMAN: Okay.

MR. GRESHAM: And as far as manual waiver, that's not a lengthy process. The lengthy process is the public comment --

MR. CHRISTMAN: Oh, yeah.

MR. GRESHAM: -- and getting -- then it goes to CMS and depending on how long it takes to get it approved. Usually it's about a six-month process when things are moving good.

MR. CHRISTMAN: Okay. Well, that's interesting.

MR. CALLEBS: Because of the rate -- each individual rate is a part of the waiver application.

MR. GRESHAM: That's correct. It's Appendix J on the financials.

1 MR. CHRISTMAN: But among the
2 considerations, I assume, is to implement
3 it July 1st. I mean, that's...

4 MR. GRESHAM: Right now, yes.

5 MR. CHRISTMAN: It is among the
6 considerations?

7 MR. GRESHAM: Uh-huh (affirmative).

8 MR. CHRISTMAN: Yeah. Well, here's SCL and
9 Michelle P. wait list numbers.

10 MS. CLARK: Our total on the most recent is
11 6,285, and 68 percent are under the age of
12 21.

13 MR. CALLEBS: Did you say 6,285?

14 MS. CLARK: 6,285.

15 MR. CALLEBS: For Michelle P. on the wait
16 list?

17 MS. CLARK: On the wait list total. And
18 then 68 percent of those are under the age
19 of 21.

20 MR. CALLEBS: Do you know how many are
21 currently in Michelle P. Waiver, active
22 participants? Do you have that?

23 MR. GRESHAM: I believe it's 10,117 or 77,
24 10,177, somewhere in there.

25 MR. CALLEBS: Okay, thank you.

1 MR. SHANNON: Are there any Michelle P.
2 slots available? There's no expansion for
3 the next two years.

4 MR. GRESHAM: We have up to 10,500. We
5 currently have 200 or 250 slots out.

6 MS. CLARK: 250.

7 MR. GRESHAM: 250 slots out for -- either
8 200 or 250 slots allocated. We're waiting
9 for those to come back and get all that,
10 see how many people we have after that, and
11 then we'll submit more. Since 2014, I
12 think we have allocated close to 3,500
13 slots.

14 MR. CHRISTMAN: Since when?

15 MR. GRESHAM: 2014.

16 MS. LORI GRESHAM: 2014.

17 MR. GRESHAM: And we have filled about 300.

18 Also of interest is we recently sent
19 out 500 names to the CMHCs and they're doing
20 a preliminary assessment to see if they need
21 to stay on the wait list. If they don't,
22 then we will be sending -- and those
23 assessments come in to us. We have a team
24 of nurses that are reviewing it. And then
25 if they do not -- if they're not deemed to

1 stay on the wait list, we'll send them a
2 denial with appeal rights. Once that's
3 processed, then people start moving down the
4 wait list towards more appropriate.

5 MS. COLLINS: How are requests --

6 MS. LORI GRESHAM: First come, first serve.
7 First on the wait list, first --

8 MS. COLLINS: Again, when were the 250
9 slots allocated?

10 MS. CLARK: It's actually 200, and I want
11 to say January 18th, I believe.

12 MS. LORI GRESHAM: 8th, January 8th.

13 MR. CALLEBS: 200 slots on January 8th went
14 out?

15 MS. CLARK: (Nods head.)

16 MR. SHANNON: You said 3,500 have been
17 allocated, 300 utilized?

18 MR. GRESHAM: Approximately.

19 MR. SHANNON: What's the status of the
20 3,200? Are they counted in the 10,000
21 or --

22 MR. GRESHAM: The 3,200 did not meet.

23 MR. SHANNON: Okay.

24 MR. GRESHAM: Or did not request an
25 assessment or -- some even said I don't

1 know why I'm signed up for this, take me
2 off.

3 MR. CHRISTMAN: 300 out of 3,500.

4 MS. LORI GRESHAM: And if they appeal that,
5 then we have to hold on to that slot until
6 the appeal process is done. That's why it
7 takes quite a while --

8 MR. CHRISTMAN: So it's a very long -- I
9 mean, that's why it's hard --

10 MS. SMITH: It's a long process.

11 MR. CHRISTMAN: Wow, that's an amazing
12 ratio.

13 MR. GRESHAM: The only slots we'll get,
14 Steve -- I believe it was you that asked
15 the question -- is the ones at the end of
16 the waiver year that either move out of
17 state or pass, or whatever.

18 MR. CHRISTMAN: Yeah. Slightly less than
19 10 percent are actually eligible on the
20 waiting list.

21 MR. GRESHAM: Right.

22 MS. BROTHERS: And how long did you say it
23 would take you to get -- to use the 200?
24 How long did you say?

25 MR. GRESHAM: How long before we reallocate

1 again?

2 MS. BROTHERS: Uh-huh (affirmative).

3 MR. GRESHAM: Probably within the next
4 month or so. We're running reports to make
5 sure -- because the last thing we want to
6 do is allocate too many and actually get
7 people on and go over the number, because
8 that would be bad. Those would be 100
9 percent state funded. So probably within
10 the next month or so.

11 MR. CHRISTMAN: Do we know how many SCL are
12 on the emergency list, or is that --

13 MS. BLACKWELL: We have -- currently right
14 now we have two people in the emergency --
15 there's 2,449 people on the waiting list in
16 SCL. We're allocating funding to those who
17 meet the emergency criteria, so it's just a
18 process of...

19 MR. CHRISTMAN: Like, over the last few
20 years, I mean, how many slots open up each
21 year because of death or moving out of
22 state or --

23 MS. BLACKWELL: This year -- those are the
24 slots that we have to allocate, and this
25 year we had 184. I can't tell you what it

1 was in the past.

2 MR. CHRISTMAN: It doesn't sound out of
3 proportion?

4 MS. BLACKWELL: No.

5 MR. SHANNON: Roughly, how many are there
6 today?

7 MS. BLACKWELL: Right now we have -- let's
8 see, we've allocated 49 --

9 MR. SHANNON: Okay.

10 MS. BLACKWELL: -- for this year so far.
11 So we have 145 that we're working.

12 MR. CALLEBS: During the calendar year or
13 plan year?

14 MS. BLACKWELL: Waiver year.

15 MR. SHANNON: That's through February of
16 next year?

17 MS. BLACKWELL: (Nods head.)

18 MS. BROTHERS: But don't you have continue
19 -- people come on that continually, wanting
20 to be on SCL? I mean, you have this
21 continually waiting list; right, the people
22 that want to be on there?

23 MS. BLACKWELL: You can get placed on the
24 waiting list at any time during the year.
25 The allocations will occur throughout the

1 year until we run out.

2 MR. CALLEBS: Are any of the allocations
3 being made to anybody except emergency?
4 Are they being held back for emergencies?

5 MS. BLACKWELL: They're being allocated as
6 people meet emergency.

7 MR. SHANNON: Is that sufficient numbers
8 based on past years' experience? Close? I
9 mean --

10 MS. BLACKWELL: We've had -- we haven't had
11 emergency waiting lists frequently, but we
12 have had it, because we didn't hit any,
13 so...

14 MR. SHANNON: I remember a couple years ago
15 waiting on CMS approval for some slots.
16 State general fund dollars were used.
17 That's my concern, is that those state
18 general fund dollars are going to be
19 utilized for these services. And then
20 what's the plan after that?

21 MR. GRESHAM: Until new slots are budgeted,
22 we don't have a plan. There's nothing else
23 we can do.

24 MS. BROTHERS: Some of these individuals
25 who are on, like, other waivers, such as

1 Michelle P., don't you feel like they could
2 be serviced better with all their needs on
3 the SCL?

4 MS. BLACKWELL: Well, it depends. What's
5 offered in SCL is the residential --

6 MS. BROTHERS: Right.

7 MS. BLACKWELL: -- component, which isn't
8 in Michelle P.

9 MS. BROTHERS: But their needs sometimes
10 grow to, as they age, and -- you know, they
11 have to have more...

12 MS. CLARK: They can request to be -- you
13 know, send in the emergency form to be
14 looked at for emergency status for SCL at
15 that time.

16 MS. BROTHERS: I'm just worried that there
17 might not be enough slots and then there's
18 no dollars for those slots.

19 MR. CALLEBS: So the number of slots
20 available since March 1st of the year is
21 how many?

22 MS. BLACKWELL: 184.

23 MR. CALLEBS: 184. Thank you.

24 MS. BLACKWELL: Uh-huh (affirmative).

25 MR. CHRISTMAN: We had another agenda item.

1 As you know, the General Assembly passed a
2 resolution looking for a study, rate study
3 of SCL; right, Johnny? SCL rate study to
4 be performed by the LRC.

5 MR. CALLEBS: Well, I think that was
6 just --

7 MR. CHRISTMAN: Is there an update on --

8 MS. LORI GRESHAM: We are working with Van
9 Nolls. Van Nolls is the guy who's doing
10 that and we are working with him as part of
11 redesign. We've reached out to him. He
12 will be -- it will be a part of that and
13 know exactly what's going on so that they
14 can say whether things are going
15 appropriately.

16 MR. CALLEBS: So those are doing the -- the
17 program review and kind of looking at cost
18 and rates, but then as part of Navigant's
19 duties, they are going to be doing a more
20 formal rate?

21 MS. LORI GRESHAM: Yes. And Van Nolls and
22 them have partnered with us, so that they
23 can see the full, robust picture and
24 understand, because in the past our rate
25 methodology came from folks who are long

gone. So really the rate methodology that we have is not found anywhere. It's not written. And so we have requested that Navigant work to do a rate study. As providers you-all should have received a provider letter, or it went out last week sometime, to say if we choose to move forward with the rate study, here are the things that Navigant will be asking you for.

For some of our bigger companies that's not an issue to pull those numbers. They have good systems to be able to pull that. But we also wanted to give mom and pop organizations that are more paper-based the opportunity to know here's what you look at in a rate study. When we were out in focus groups, that was something that some of the smaller entities asked us, can you please let us know well ahead what kinds of things you may be looking for, and so we went ahead and released that in the anticipation of that's a recommendation we may choose to move forward with, and so saying here's what you should start

1 gathering.

2 Within that, Van Nolls, his team, will
3 be working with us to -- their request,
4 quite honestly, was to know what the process
5 was. My hope is that once we do a rate
6 study, or if we accept that recommendation,
7 is to have that methodology that's
8 transparent to everyone, so that families
9 know how we determine rates, so that
10 providers know how we determine rates, so
11 that advocates know how we determine rates.
12 That's something that -- so CMS knows how we
13 determine rates. That way there's the
14 ability to have conversations and actually
15 review based on data as opposed to just kind
16 of throwing it in the air and saying what do
17 we want to stay. So that's the current
18 process, is, yes, Van Nolls, who is doing
19 that LRC report, will be very involved and
20 kind of watching the process, so that they
21 can report back that -- whether or not it
22 was done appropriately in those...

23 MR. CALLEBS: You said a letter went out
24 last week to providers?

25 MS. LORI GRESHAM: Yes, we sent out a

1 provider letter that just said Navigant's
2 recommending that we do a rate study if CMS
3 chooses to go forward. Here's the types of
4 things that they will request.

5 MR. CALLEBS: And that will be -- did that
6 go out to all waiver providers?

7 MS. LORI GRESHAM: Uh-huh (affirmative).

8 MR. CALLEBS: Not just SCL and Michelle P.,
9 but all --

10 MS. LORI GRESHAM: All waiver providers.
11 We're doing a study for all waivers.

12 MR. CALLEBS: For all waivers. Okay, thank
13 you.

14 MS. COLLINS: For Navigant in terms of
15 their involvement in the rate study, is
16 that part of their contract or would that
17 be like a new contract?

18 MR. GRESHAM: It will be part of their
19 contract as of July 1.

20 MR. CHRISTMAN: Do we have a quorum here?

21 MR. HARVEY: I think we needed Chris to
22 have a quorum.

23 MR. CHRISTMAN: Okay, so we don't.

24 We had a couple of -- we had a quorum
25 at last meeting and we did pass a motion,

1 but we didn't get to the MAC, so I guess we
2 can't repass them. But I do want to maybe
3 open up a couple of them just to discuss
4 them again.

5 One, you recall last time we had a
6 really -- I thought really good discussion
7 about residential services and how we have
8 some folks in the waiver right now who are
9 difficult to serve with the waiver as it
10 exists. We believe that there's folks in
11 the ICFMRs who probably could benefit from
12 community living. And I think a
13 recommendation was that we modify ICFMRs and
14 also SCL to kind of, you know, change,
15 address that situation. But what's really
16 interesting, and I was kind of surprised to
17 see this in the budget, the General Assembly
18 includes delivery of services for
19 intermediate care facilities for individuals
20 with intellectual disabilities, and among
21 the things they recommend is the transition
22 of qualified individuals from ICFMRs to the
23 SCL program.

24 There's been discussions in the
25 Department, the Cabinet, about how that

1 would be implemented?

2 MR. GRESHAM: No, not yet.

3 MR. CHRISTMAN: Anybody want to make any
4 comment on that, good, bad or otherwise?

5 MR. CALLEBS: You talking about the
6 recommendation, the --

7 MR. CHRISTMAN: For the ICFMR that's in the
8 budget.

9 MR. CALLEBS: Yeah.

10 MR. CHRISTMAN: Moving folks out,
11 transitioning folks out.

12 MR. CALLEBS: If you're talking about as it
13 relates to the recommendations that were
14 passed --

15 MR. CHRISTMAN: Passed by the General
16 Assembly.

17 MR. CALLEBS: By this group, I'm talking
18 about.

19 MR. CHRISTMAN: Right. Which we can't --
20 yeah, that, and also what's contained in
21 the budget passed by the General
22 Assembly --

23 MR. CALLEBS: Right.

24 MR. CHRISTMAN: -- which seems to be
25 related to what we passed last time.

1 MR. CALLEBS: Sure. Yeah.

2 I would think that -- I mean, the
3 recommendations that were passed, I would
4 think still stand. They just didn't get
5 presented to the MAC --

6 MS. BROTHERS: Just have to take them --

7 MR. CHRISTMAN: Okay. So we can deal with
8 that again.

9 MR. CALLEBS: They were voted on and
10 approved.

11 MR. CHRISTMAN: All right. I guess that's
12 true. So we don't really have to vote on
13 them again.

14 MR. CALLEBS: I don't think so. Just, I
15 guess, as you introduced for the record now
16 they still stand, they just are yet to be
17 presented to the MAC.

18 MR. CHRISTMAN: Right.

19 MR. CALLEBS: So we just need to make sure
20 that...

21 MS. BROTHERS: 524.

22 MR. CHRISTMAN: In the MAC meaning 524?

23 Okay. We'll make sure somebody gets --
24 yeah, you're right. You're exactly right,
25 Johnny.

1 Well, but I think what's in the budget
2 here is very interesting. That's quite a
3 mandate to do.

4 MS. BROTHERS: We also had --

5 MR. CHRISTMAN: And really how you define
6 qualified, I think, is going to be an
7 issue; right? Do you think you'll ask,
8 like, stakeholder input on something like
9 this as to how that might be addressed?

10 MR. GRESHAM: I don't have any idea right
11 now.

12 MR. CHRISTMAN: No, okay.

13 MR. GRESHAM: We didn't come planning -- or
14 we didn't plan on talking about this.

15 MR. CHRISTMAN: Right. But do you think
16 maybe at our next meeting if we have it on
17 the agenda that would be something --

18 MR. GRESHAM: Yeah.

19 MR. CHRISTMAN: -- we can have a discussion
20 about?

21 MR. GRESHAM: Absolutely.

22 MR. CHRISTMAN: Yeah, I think that's really
23 important.

24 All right. Were there any other
25 issues you want to discuss?

1 MS. BROTHERS: I want to discuss about the
2 final rule meeting.

3 MS. LORI GRESHAM: Uh-huh (affirmative).

4 MS. BROTHERS: I had a concern about that.
5 As far as notification to our advocates, I
6 feel like they need more time getting those
7 notifications in order for them to show up
8 and get someone to bring them to those
9 meetings. That's my opinion.

10 MS. LORI GRESHAM: Okay.

11 MS. BROTHERS: I feel like that there
12 wasn't enough family members or advocates;
13 that I feel like they weren't represented
14 as well as they could have been.

15 MS. LORI GRESHAM: So one of the things --
16 that was sent out a month before the
17 meeting, and I think that meeting, when it
18 was sent out, a lot of folks didn't
19 understand, because it wasn't about
20 learning about final rule. It was to
21 review the heightened scrutiny packets.
22 And so we heard -- I had a lot of families
23 e-mail me and ask what is this meeting
24 about, and I would say it's to review the
25 heightened scrutiny packets, and they said,

1 oh, nevermind. We also heard from some
2 providers who showed up in the room who
3 said, well, we told people not to come.
4 And so that was an issue.

5 When we got there, we ended up having
6 two separate groups, and on each one there
7 were two provider liaisons and two
8 participant liaisons. And they -- they went
9 really well and had a lot of really good
10 discussion. I didn't sit in through the
11 whole time, but I kept checking back. And
12 everyone who attended said that the
13 discussion was really well. And we have to
14 ensure, because that's what we've told CMS,
15 that they will be equally represented. And
16 so we did have to ask some providers to step
17 out of those meetings because we didn't have
18 enough participants, and then those very
19 same providers specifically said, well, we
20 told participants not to come, they didn't
21 need to be here.

22 And so one of the things that I've
23 talked to our team who announces those is,
24 one, to better explain what the meeting is;
25 two, to encourage the providers -- and

1 initially that was -- we sent that out to
 2 the folks who had already attended, because
 3 there's quite a bit of training that goes
 4 into how to read those packets and all that.
 5 We have some folks that have come to all of
 6 them, and so they know exactly what to read
 7 and how to understand what they're looking
 8 at.

9 And so I think, one, we absolutely
 10 need to do a better job of educating folks
 11 about what those meetings are for, because
 12 we will continue to have those review
 13 sessions so that we can get those packets
 14 reviewed. We have a lot of them and we
 15 don't want that information to become
 16 stagnant. And so reviewing those, talking
 17 to the folks who are in heightened scrutiny
 18 to get new transition plans if they need it,
 19 and ultimately hopefully submitting those to
 20 CMS. Before we submit them to CMS, they
 21 also have to go through that public comment
 22 period as well.

23 And so I think there was confusion as
 24 to what it was, first of all, and then we
 25 did have folks that specifically said they

1 don't need you. And I can't police that. I
 2 mean, I wouldn't have known unless they told
 3 me at the meeting. And so we will do a
 4 better job of educating folks about what it
 5 is and getting folks there.

6 MS. BROTHERS: Can I ask you another --
 7 just like I had some people I know from the
 8 Arc who wanted to come, who self-advocate,
 9 some people who would have been really
 10 good, serve on that really well. And I
 11 know they turned it in, like, a day later.
 12 Could they have not been put on, like, a
 13 backup list or something?

14 MS. LORI GRESHAM: Because we just -- we
 15 have to, before the meeting, work to make
 16 these groups so that they are equitable.
 17 So that's why we have a hard cutoff, is so
 18 that we can do the behind-the-scenes work,
 19 because at that point we had providers that
 20 signed up that had packets that were in
 21 there. So we had to ensure that they
 22 didn't sit on a group that reviewed their
 23 packet. So there is a lot of planning that
 24 goes into that to determine groups, and so
 25 that's why we have to have a hard cutoff

1 because there is a lot of planning that
 2 goes into those meetings. And then even
 3 with that, because folks don't show up --
 4 we had 40-some people signed up. Didn't
 5 have anywhere close to that. And so then
 6 we had to stop in the middle of the meeting
 7 and say we got to regroup. And so to have
 8 folks filter in that aren't signed up would
 9 make it that much harder, and so that's why
 10 we have to have a hard stop.

11 MS. BROTHERS: Well, here's my concern, I
 12 guess. I got an e-mail, like, on that
 13 Monday saying there's not enough
 14 self-advocates, not enough advocates
 15 involved. So I send that out to my people,
 16 and then they respond back, but it takes
 17 them a day or so to get the notification,
 18 and then they get back to me and -- you
 19 know, they have to plan around their life.
 20 I mean, it's a little harder for them to
 21 say I can come today --

22 MS. LORI GRESHAM: I understand.

23 MS. BROTHERS: -- or tomorrow, and then
 24 they plan and they try to make it -- they
 25 want to come to these meetings, they want

1 to be involved, and then you tell them no,
2 so it's hard -- that's really hard for me.

3 MS. LORI GRESHAM: I understand.

4 MS. BROTHERS: They want to be active and
5 they want to be involved and they want to
6 make a difference in this kind of
7 situation. And they would be the people
8 who would make a difference and be
9 involved. So I guess I want to find how
10 can we make that better.

11 MS. LORI GRESHAM: Uh-huh (affirmative).

12 MR. CHRISTMAN: This process of the
13 stakeholder review of these, was that
14 recommended by CMS or did we come up with
15 that?

16 MS. LORI GRESHAM: We came up with that.

17 MR. CHRISTMAN: Do you know if they're
18 recommending that to other states?

19 MS. LORI GRESHAM: I have presented at the
20 federal level about our process.

21 MR. CHRISTMAN: So do you think that's
22 going to be like the common -- other states
23 may adopt the same thing?

24 MS. LORI GRESHAM: I have talked to five
25 different states about our process, so they

1 may. There's not a required process by
2 CMS. It's up to each state. Each state
3 has their own process, but they like
4 Kentucky's.

5 MR. CHRISTMAN: But obviously this is one
6 they're happy with?

7 MS. LORI GRESHAM: Oh, yes.

8 MR. CHRISTMAN: Right. And I guess so we
9 probably won't be seeing the federal folks
10 from CMS in Washington coming to look at --

11 MS. LORI GRESHAM: When they first started
12 they said they were going to do a site
13 visit for every site that was put in
14 heightened scrutiny. They have now said,
15 no, no, we won't be doing that. We will be
16 looking at a sampling of the packets you
17 present.

18 MR. CHRISTMAN: Right.

19 MS. LORI GRESHAM: And so I don't -- and, I
20 mean, it doesn't seem like they are now
21 going to do site visits. California
22 submitted 2,000 settings and I think they
23 saw that and they were, like, maybe we were
24 a little -- we jumped the gun a little bit
25 there. But, again, we've sent in one

1 group, almost a year and a half ago now,
2 and have heard nothing. There are several
3 other states that have submitted some, but
4 not many. I think there may be three or
5 four states. One state, at the very
6 beginning of this process, submitted I
7 think two settings and they got response
8 back.

9 MR. CHRISTMAN: Two?

10 MS. LORI GRESHAM: And they weren't -- they
11 weren't anything close to what ours were.
12 I mean, it was apples to oranges to try and
13 compare the feedback that CMS gave them.

14 MR. CHRISTMAN: Two settings in the entire
15 state?

16 MS. LORI GRESHAM: That was just two that
17 they submitted.

18 MR. CHRISTMAN: Oh, that they submitted.
19 Okay, yeah.

20 MS. LORI GRESHAM: That's not how many they
21 have. No, there's no state that I think
22 has two settings.

23 MR. CHRISTMAN: Yeah.

24 MS. LORI GRESHAM: And so really we --
25 we're kind of discussing do we want to wait

1 for CMS. My fear is if we sit and wait too
2 long, then that information is going to be
3 old and it's not a fair representation of
4 that provider. And so we're kind of trying
5 to decide what's our next move.

6 I talked to our TA Lead and tried to
7 say, can you please give me some guidance so
8 that we're not sitting stagnate, and get
9 just crickets, that information will come
10 soon.

11 So we're really in a waiting game.
12 And we have discussed -- as you-all know,
13 they gave an extension and what that
14 extension was, was the -- the only comments
15 that have really been made about it were for
16 approval from CMS for heightened scrutiny
17 settings. It had nothing to do with the
18 state. It had nothing -- it was very vague,
19 in the same way as EVV was very vague. And
20 so Kentucky will put -- because our timeline
21 has been approved by CMS. We'll put those
22 into regulations in 2019. We will work with
23 providers to come into compliance, and our
24 goal is to work 'til transition for 2022.

25 At that time then we will use CMS's

1 guidance to say what do we do now. And our
2 hope -- again, this is what we anticipate,
3 and this is not giving us guidance. Our
4 hope for that is that even the ones that we
5 submit that they say, no, they don't meet,
6 we will have until that 2022 date --

7 MR. CHRISTMAN: Gotcha.

8 MS. LORI GRESHAM: -- to get folks into
9 compliance and can resubmit. We can't add
10 any new providers to heightened scrutiny.
11 And as a matter of fact, CMS, when final
12 rule started, sent a letter almost a year
13 later saying, oh, we never intended new
14 settings to open, so if you have a new
15 setting it must be in full compliance.

16 MR. CHRISTMAN: That's right.

17 MS. LORI GRESHAM: And so we're working
18 towards that and understanding what that
19 looks like. So that's kind of where we
20 are, waiting on CMS, working through those
21 packets so that that information is good,
22 strong information. The ones that the
23 stakeholders say we need something, some
24 other discussions here, going back to those
25 providers and saying, you know, we met with

1 a group of stakeholders of your peers, of
2 folks who use services, here's where
3 they're -- you know, here's where you're
4 deficient; you're going to have to beef up
5 your processes.

6 MR. CHRISTMAN: So when a new setting
7 opens, what do you do?

8 MS. LORI GRESHAM: We do certification
9 reviews just like we do now.

10 MR. CHRISTMAN: Okay. All right. Gotcha.

11 MS. LORI GRESHAM: Final rule pieces. It's
12 just another part of their certification.
13 So for like our folks that are round two,
14 or in prong two that are -- they're not in
15 heightened scrutiny, but they were noted
16 that they had areas where they were
17 deficient or needed to change their
18 practices, we're working through
19 certification through TA, as certification
20 has come up, to look and say, hey, here's
21 where we're seeing within final rule that
22 you can do better.

23 MR. CHRISTMAN: But if a new setting opens
24 up and it is in heightened scrutiny, then
25 you can't really -- they can't bill; right?

1 I mean, they can't --

2 MS. LORI GRESHAM: They wouldn't accept
3 them as a provider.

4 MR. CHRISTMAN: They can't participate?

5 MS. LORI GRESHAM: Correct.

6 MR. CHRISTMAN: Right.

7 MS. LORI GRESHAM: CMS says if you are not
8 fully compliant from day one, from some --
9 July 16, I think is Monday -- you cannot be
10 paid as an HCBS provider if you are not
11 complying with federal final rule.

12 MR. CHRISTMAN: But you do have to open up
13 before you're assessed; is that correct? I
14 mean, does the site to have to, like, be in
15 business or --

16 MS. LORI GRESHAM: Each waiver -- which is
17 one of the things. Each waiver has a
18 different process of certification. ABI,
19 they go and see them beforehand, look at
20 their policies and procedures, and do a
21 so-many day, 45 day or something like that.
22 SCL looks at a provider, but not
23 necessarily each thing, but looks at a
24 provider as they open up and does continue.
25 HCB, most of theirs are OIG, so we're

1 working with CareWise to do those
2 monitorings, or ADHC to do those
3 monitorings and ensure that we're getting
4 those folks monitored and taught well.

5 MR. CHRISTMAN: And so you may have already
6 answered this, but how many settings in
7 Kentucky were in heightened scrutiny when
8 you started?

9 MS. LORI GRESHAM: 240ish settings.

10 MR. CHRISTMAN: And how many have you gone
11 through with this process?

12 MS. LORI GRESHAM: About 100. Because we
13 have already submitted 46 or 44, and then
14 we have just done another round. We
15 actually have reviewed these folks twice.

16 MR. CHRISTMAN: And of this 100, some of
17 them are considered not community-based;
18 right, that they --

19 MS. LORI GRESHAM: No. We have not come
20 across any that we put in bucket three,
21 saying sorry, you're not --

22 MR. CHRISTMAN: Okay.

23 MS. LORI GRESHAM: All of them we are
24 working to come into compliance. We won't
25 make that determination until closer to

1 2022, and work at that point to say, okay,
2 it looks like you're not getting this,
3 there's no way you're going to get it. But
4 most of our settings, all of our settings
5 are attempting to come into compliance and
6 we'll work with them.

7 MR. CHRISTMAN: Well, I remember Lynn Flynn
8 saying that the hope was that all settings
9 would be in compliance and there would not
10 be any excluded.

11 MS. LORI GRESHAM: That's our hope.

12 MR. CHRISTMAN: And that's still our hope,
13 that we will not exclude any sites that are
14 already existing?

15 MS. LORI GRESHAM: Right.

16 MR. CHRISTMAN: Right. And it looks like
17 that's where we're headed.

18 MS. LORI GRESHAM: Yes. And all of our
19 providers have done -- that were in
20 heightened scrutiny, they have all turned
21 in their transition plans. So they are at
22 least working towards that, and we are --
23 we're committed to working with them to
24 say, okay, here's -- you know, here's some
25 good practices that we have seen throughout

1 the state for this piece, working with them
 2 to help them understand more holistically
 3 the intent of final rule. Because, quite
 4 honestly, the folks that, when we looked at
 5 their transition plans, that weren't
 6 significant transition plans, it wasn't --
 7 it was that they just didn't understand the
 8 ideology. And in speaking with them, then
 9 they're, like, oh, now I get it. And
 10 helping them understand. Of course, we
 11 can't make any business model decisions for
 12 them or encourage them in any way, but just
 13 helping them understand the intent of final
 14 rule.

15 MR. CHRISTMAN: Right.

16 MS. LORI GRESHAM: And it really seems that
 17 most of our providers are jumping on that.

18 MR. CHRISTMAN: And we haven't found any
 19 location that's impossible to bring into
 20 compliance?

21 MS. LORI GRESHAM: No.

22 MR. CHRISTMAN: It just depends on what
 23 happens in that site?

24 MS. LORI GRESHAM: Right, uh-huh
 25 (affirmative).

1 MR. CALLEBS: One more question tied to
2 that.

3 MR. CHRISTMAN: Yeah.

4 MR. CALLEBS: So if an existing provider
5 who had some service sites under heightened
6 scrutiny is going to open another staffed
7 residence, for example, but -- so does
8 that --

9 MS. LORI GRESHAM: That setting has to be
10 physically compliant. So as long as it's,
11 like, not next door and they have all their
12 policies and procedures in place, that's
13 fine. Them being in heightened scrutiny
14 does not preclude them from opening a new
15 setting. CMS looks at each specific
16 setting, not agencies as a whole. Does
17 that make sense?

18 MR. CHRISTMAN: Well, can you ask for a
19 certification review early of that
20 particular setting, or do you have to wait
21 until you roll around for your annual -- do
22 you know what I'm asking?

23 MS. LORI GRESHAM: That would be up to the
24 folks that that do the certification. I
25 don't --

1 MR. HARVEY: Rick, I think that's already
2 in place. The assigned QA of agencies
3 usually come out and --

4 MR. CHRISTMAN: They can do an impromptu
5 one.

6 MR. HARVEY: If you're wanting to open a
7 new day training center or a new staffed
8 residence, usually it's discussed with the
9 assigned QA and they'll come out and check
10 it and make sure that it's up to -- up to
11 the standards.

12 MR. CHRISTMAN: Okay.

13 MS. BROTHERS: I just want to say one more
14 thing about the self-advocates. When you
15 do make the meeting notice and then you
16 send out the notifications for who's been
17 selected, I know that -- just make sure you
18 have, like, at least a week notice for them
19 as far as travel, getting a person to go
20 with them, their worker, and all of that,
21 because they do need that much time.

22 MS. LORI GRESHAM: Okay.

23 MS. BROTHERS: And something else to
24 consider with this is -- I know we talk a
25 lot about providers and different things,

1 but, you know, they have -- persons with
2 disabilities, I think we should always
3 consider, you know, with this final rule
4 all of their rights, because I know that
5 is -- I mean, I know that's what this is
6 about, but they need to be at this table
7 and we need to consider how much time they
8 need to get at this table.

9 MS. LORI GRESHAM: Absolutely, uh-huh
10 (affirmative).

11 MR. CHRISTMAN: Okay. So is it time to
12 schedule our next meeting?

13 MS. CLARK: Next meeting is already
14 scheduled.

15 MR. CHRISTMAN: Oh, it is? Okay, when is
16 it? We scheduled them all, didn't we?

17 MS. CLARK: Yeah, they were all scheduled.

18 MR. CHRISTMAN: Yeah.

19 MR. CALLEBS: In July; right?

20 MR. GRESHAM: July 11.

21 MR. HARVEY: July 11 at 10:00.

22 MR. CHRISTMAN: July 11 at 10:00.

23 MR. GRESHAM: So far it's in this room.

24 MR. CHRISTMAN: All right.

25 MS. CLARK: Sorry that we got kicked out of

1 the other room.

2 MS. LORI GRESHAM: And weren't told until
3 we were standing down there going, um...

4 MS. CLARK: We actually had the room set up
5 and everything, and she came back and she
6 was, like, everything's been moved.

7 MR. CHRISTMAN: That's terrible.

8 And is the MAC meeting the 24th?

9 MS. BROTHERS: 24th at 10:00. And we have
10 two motions to present at the MAC meeting.

11 MR. CHRISTMAN: Right, that we passed last
12 time.

13 MS. BROTHERS: Right.

14 MR. CALLEBS: May I ask one more question
15 about the redesign --

16 MR. CHRISTMAN: Yeah, go ahead.

17 MR. CALLEBS: -- process just before we
18 leave?

19 One thing I noticed missing, and I
20 intend to make comment on, is -- and maybe
21 it's in here incorporated in some way, I'm
22 just not seeing it. But I know in this
23 group we've talked a lot about the issue of
24 eligibility and people being kicked off
25 eligibility, being randomly assigned into an

1 MCO and, you know, just creating all kinds
 2 of havoc there. So is that part of, like, a
 3 quality piece, or how are we looking to see
 4 that all of these IT systems are going to be
 5 improved upon so that we don't have folks
 6 falling out of payment status and
 7 eligibility status, and even getting on in
 8 the first place through Benefind? And all
 9 of that is a real big issue for recipients,
 10 families, providers, everybody,
 11 transportation.

12 MS. LORI GRESHAM: So for eligibility
 13 that's not waiver exclusive, even getting
 14 moved and -- that's not waiver exclusive.
 15 That's Medicaid exclusive, not -- and so
 16 that's not Navigant's charge, to look at
 17 all of Medicaid. It's to look at waivers
 18 specifically. But we did hear that across
 19 the Commonwealth at all of those, so we
 20 have -- we've given that information to
 21 DCBS and to the folks that run that
 22 contract. And we work daily with MWMA to
 23 improve. MWMA is speaking with Benefind
 24 and, you know, are working with that side
 25 of the house. It won't be part of this

1 project, because that's just not -- it's
2 outside of Navigant's scope. But we are
3 working with the other side of the house to
4 say, hey, what's going on here. We've also
5 given them the information that we heard
6 across the town halls, even about workers
7 being rude and things like that. So
8 they've got that information on DCBS's
9 side, but it won't be part of this. We
10 will be working with it, but not
11 specifically within Navigant.

12 MR. CHRISTMAN: Other than that, I guess
13 we're ready to adjourn. A consensus?

14 MR. HARVEY: I'll make a motion to adjourn.

15 MR. CHRISTMAN: All right. Is there a
16 second?

17 MS. BROTHERS: Second.

18 MR. CHRISTMAN: All in favor?

19 (Unanimous vote.)

20 * * * * *

21 THEREUPON, the Meeting was concluded at
22 11:20 a.m.

23 * * * * *

1 STATE OF KENTUCKY)
2 COUNTY OF FAYETTE)
3

4 I, JOLINDA S. TODD, Registered
5 Professional Reporter and Notary Public in and for
6 the State of Kentucky at Large, certify that the
7 facts stated in the caption hereto are true; that
8 at the time and place stated in said caption the
9 witness named in the caption hereto personally
10 appeared before me, and that, after being by me
11 duly sworn, was examined by counsel for the
12 parties; that said testimony was taken in stenotype
13 by me and later reduced to computer-aided
14 transcription and the foregoing is a true record of
15 the testimony given by said witness.

16 No party to said action nor counsel for
17 said parties requested in writing that said
18 deposition be signed by the testifying witness.

19 My commission expires: August 24, 2019.

20 IN TESTIMONY WHEREOF, I have hereunto set
21 my hand and seal of office on this the 25th day of
22 July 2018.

23 JOLINDA S. TODD, RPR, CCR(KY)
24 NOTARY PUBLIC, STATE AT LARGE
25 ID# 449787

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